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HE20.6202:C28

National Center for Health Statistics

Catalog of University Presentations 1984-85

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National Center for Health Statistics

Catalog of University Presentations 1984-85

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics

Hyattsville, Maryland
April 1984

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National Center for Health Statistics

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Colleague:

A primary mission of the National Center for Health Statistics (NCHS) is to provide data on the health of the United States population by collecting and publishing information from inventories, registration systems, and continuing probability sample surveys. Data collected by NCHS are made available in monthly and annual publications, series reports, and data tapes. It is hoped that the NCHS University Visitation Program, which is being re-established during the 1984-85 academic year, will serve as another mechanism for disseminating NCHS data.

This catalog provides brief descriptions of 79 topics that staff members are prepared to present to university classes or seminars. Topics listed under "NCHS Programs" will usually be presented by members of the executive staff of NCHS; methodological, analytical and data processing topics will usually be presented by members of the technical staff of NCHS.

If you are interested in arranging for a presentation, please write

Chairman, University Visitation Program Committee
National Center for Health Statistics
3700 East West Highway
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Hyattsville, Maryland 20782

We look forward to hearing from you.

Sincerely yours,

M Feinleib

Manning Feinleib, M.D., Dr.P.H.
Director

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Catalog of University Presentations

A. National Center for Health Statistics Programs

A-1. The National Center for Health Statistics--Plans for its Future

A description of the current programs and organization of the National Center for Health Statistics and its plans for responding to new health needs and legislative initiatives are discussed.

A-2. An Overview of the Data Systems of the National Center for Health Statistics

This presentation summarizes the various data collection mechanisms used by the National Center for Health Statistics to gather statistics on the health of the Nation and indicates the types of statistics produced by each.

A-3. The National Nutrition Monitoring System (NNMS)

The goals and scope of the NNMS are reviewed in light of current interest topics such as "hunger," food fortification, diet, health, and other issues. The national data systems that contribute to the monitoring and surveillance of nutritional status are discussed in an integrated fashion so that one can understand how the components of the system supplement and complement one another. The programs discussed include the National Health and Nutrition Examination Survey, the Nationwide Food Consumption Survey, the Coordinated State Surveillance System, and the Total Diet Study.

A-4. The Statistical Research Program of the National Center for Health Statistics

This presentation describes a basic long-range research program for improving existing measurement methods and innovating more efficient methods for producing and analyzing health and vital statistics. Some of the specific research projects of this program are discussed.

A-5. Network Sampling

In household surveys based on network sampling, the households of diseased individuals are eligible to be reported by their close relatives. Applications of this methodology to surveys of diabetes and cancer and to the incompleteness of coverage in the decennial population census are discussed.

A-6. Integrated Survey Design

A program to integrate the designs of the Center's population surveys, each of which is currently independently designed, is underway. The design and the design effects of this program are discussed.

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A-7. Redesign of the National Health Interview Survey

Beginning in 1985 the National Health Interview Survey (NHIS) will be conducted using a new sample design. The major design features of the NHIS are described along with the process used for selecting the new design features.

A-8. The National Hospital Discharge Survey

The National Hospital Discharge Survey (NHDS) produces estimates on the use of hospitals, the characteristics of the patients, diagnoses, and surgical procedures. This is a description of the methods and procedures used in the NHDS, including sample selection, data collection, and quality control. Also included is a description of the medical coding schemes used (the International Classification of Diseases) as well as examples of types of data estimates produced.

A-9. The Development and Operation of the National Inventory of Inpatient Health Facilities

The purpose and methodology used to develop the National Master Facility Inventory are reviewed. The presentation also includes a discussion of the development and content of the data collection instruments, data collection procedures, data processing procedures, and dissemination of the data.

A-10. The Development and Operation of a National Survey of Nursing Homes

The purpose and methodology used to develop the National Nursing Home Survey are discussed. Also included is a description of data collected to provide estimates of the Nation's nursing homes according to their characteristics, costs, residents, and staff. The presentation also discusses the development and content of the data collection instruments, procedures, processing, and the dissemination of the data.

A-11. National Health Care Surveys and Health Care Management

The National Center for Health Statistics conducts three health record surveys that collect information on patient and provider characteristics, and the services provided in hospitals, physician offices, and nursing homes. These three surveys--the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, and the National Nursing Home Survey--are described in terms of scope, data set, design, data collection methods, processing procedures, and data dissemination. Specific examples of how the survey data have been and can be used for monitoring, evaluating, and planning the use of health care are also discussed.

A-12. Admissions Cohort Component of the 1985 National Nursing Home Survey

The 1985 National Nursing Home Survey will include an admissions component. A sample of recent admissions will be selected to obtain information on the characteristics of the resident at the time of admission. The individuals in the sample will then be followed for a period of 1 year. Presentation topics include the purpose of the component, survey design, procedures, and proposed analyses.

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A-13. Small Area Estimates Derived From National Surveys

Several estimation techniques developed at the National Center for Health Statistics are reviewed and evaluated. Concepts are illustrated using data from the National Health Interview Survey.

A-14. The Interview and Examination Statistics Program of the National Center for Health Statistics

A description of the National Health Interview Survey and the National Health and Nutrition Examination Survey is presented, including designs and estimation procedures, methods for adjusting for missing data, and quality control methods. Also, some of the major uses of the data are described.

A-15. Overview of the Vital Statistics and Health Care Statistics Programs of the National Center for Health Statistics

This presentation discusses the data collection mechanisms used to collect vital and health care statistics, including descriptions of available data and specific examples of data uses.

A-16. National Mortality Followback Surveys--Four Prior Surveys and Plans for the 1986 Survey

The National Center for Health Statistics conducted four mortality followback surveys in the 1960's. These surveys provide an opportunity to learn more about the mortality experience of the U.S. population than is available from routine vital statistics data, and to expand epidemiologic inquiries. A survey is being planned for deaths occurring in 1986. The methodology is discussed, results of earlier studies are examined, and plans for future surveys explored.

A-17. Current Status of the Demographic Statistics Program of the Division of Vital Statistics

This presentation describes the data from the basic registration systems (births, deaths, marriages, and divorces), the followback surveys on births and deaths, and the National Survey of Family Growth. Also included is a discussion of new developments in these data collection systems. The relevance of information collected from these data systems to current issues in demographic research is explored.

A-18. The Mortality Data System--Collection, Data Dissemination, and Use

Mortality data from the National Center for Health Statistics (NCHS) constitute one of the most widely used indicators of health because they are universally available down to the small-area level, uniformly processed, and generally of good quality. This presents an overview of cause-of-death classification in NCHS mortality data, collection and processing of the data, and data use. The distinction is made between underlying and multiple cause-of-death data. Problems of comparability between revisions of the International Classification of Diseases are discussed briefly.

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A-19. Historical Profile of the National Survey of Family Growth--An Evolving Tool for the Study of Human Fertility and Reproductive Health

This presentation provides a brief review of the evolution of the survey over three decades with emphasis on the cycles since 1970. An examination of the 1982 National Survey of Family Growth, its quality, content, publication plans, and public use data tape are discussed. Future developments for the survey are explored.

A-20. An Overview of the U.S. National Longitudinal Mortality Study

This project uses the National Death Index in a prospective mortality study of selected Current Population Survey samples numbering close to a million persons. This project will provide a basis for the analysis of overall and cause-specific mortality differentials for a number of socioeconomic and demographic factors. The presentation will review the historical precedents for this study, as well as the goals and objectives of the study.

A-21. National Health Interview Survey

This presentation describes the National Health Interview Survey, including topic selection, methods and procedures, sample selection, coding and editing of the data, quality control procedures, analysis, and publication of the data. In the continuing survey, approximately 800 households throughout the United States are interviewed each week to collect data on illness, injuries, disabilities, and utilization of health care.

A-22. Design of the National Medical Care Utilization and Expenditure Survey

This presentation describes the National Medical Care Utilization and Expenditure Survey, including topics covered, methods and procedures, sample selection, coding and editing of the data, quality control procedures, analysis, and publication of the data. In the survey, approximately 6,000 households throughout the United States and 4,000 households selected from the Medicaid eligibility files in New York, California, Texas, and Michigan (1,000 households in each State) were interviewed during 1980. Data was collected on utilization of health care, expenditures for that care, and sources of payment for those expenditures, as well as other related data collected from the households and from the Medicare and Medicaid administrative records pertaining to persons in the households.

A-23. Findings of the National Medical Care Utilization and Expenditure Survey

This presentation provides a discussion of national utilization and expenditure data from the National Medical Care Utilization and Expenditure Survey. Comparisons are made with estimates from other sources, such as the National Health Interview Survey, National Ambulatory Medical Care Survey, National Hospital Discharge Survey, and the Health Care Financing Administration's National Health Care Expenditure accounts.

A-24. Demographic Profile of Hearing-Impaired Persons in the United States

This presentation describes the extent of hearing impairments in the United States in relation to other impairments and chronic conditions;

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provides characteristics of hearing-impaired persons with special emphasis on the causes of hearing impairment. Also included is a detailed consideration of (1) characteristics of profoundly deaf persons, and (2) hearing-impaired children and youth of school age, including I.Q. and achievement test data.

A-25. Coordination for Improved Health Statistics--the National Committee on Vital and Health Statistics (NCVHS) and Other Mechanisms

This presentation will cover the history and accomplishments of the NCVHS. In addition, other mechanisms that are promoting comparability and quality of data will be reviewed. The development and promulgation of minimum data sets, standard classifications, and other products will be discussed.

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B. Methodology

B-1. A Methodological Study of Quality Control Procedures for Mortality Medical Coding

This presentation describes the procedures and results of a study designed to investigate certain difficulties in coding mortality medical data and to evaluate the verification procedures used in the medical coding operation.

B-2. Quality Control Procedures for Medical Coding

This presentation describes recent modifications made in the quality control procedures for medical coding of data from three of the Center's data systems that substantially reduced the original resource requirements needed to operate the quality control procedures, while maintaining their ability to provide unbiased estimates of coding quality.

B-3. Health Examination Surveys--What Can They Contribute to Assessing the Nation's Health?

The purpose and methodologies used in the National Health and Nutrition Examination Surveys are described in detail. Uses of the data are emphasized with respect to national health and nutritional issues. How uses effect future study design is discussed in terms of sampling and content considerations.

B-4. Cognitive Aspects of Survey Methodology

Questionnaire design and related data collection procedures are among the weakest links in the survey measurement process, and their error effects are largely unknown. This project is investigating the utility of conducting laboratory-based research on the cognitive aspects of survey methodology as an alternative to and as a component of traditional field methods of conducting survey research.

B-5. Telephone Survey Methodology

In recent years National Center for Health Statistics has been actively involved in telephone survey research. The methodological findings are described along with a comparison of the telephone results with the results from our face-to-face surveys.

B-6. Testing Marginal Symmetry in Multidimensional Contingency Tables Using a Generalized Randomization Model for Repeated Measurement

In many research investigations data are collected on a series of different conditions for the same subject or on the same condition for matched sets of subjects. Such designs are often called "repeated measurement designs" because they involve the collection of inherently multivariate data from the same subject for the same conceptual response variable under two or more observational or experimental conditions. For example, the classical matched case-control study involves matched sets of subjects in which each set member represents an observational or experimental condition for obtaining the same conceptual response variable. Furthermore, the response variable is often reported on a categorical rather than a continuous measurement scale.

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Existing computer programs that compute test statistics based on symmetry (randomness or interchangeability) that give rise to marginal symmetry or equality among the correlated marginal proportions can be used to analyze such data. The well known Mantel-Haenszel procedure is one such test. The framework and method of applying these tests in the repeated measurement situation are presented in the context of several simple examples.

B-7. Evaluation of Medical Diagnostic Tests Reported on Categorical Measurement Scales

Sensitivity, specificity, predictive accuracy, agreement, and other traditional measures of test efficiency are defined. Strategy for tailoring evaluation criteria for specific applications and diseases is discussed. Studies involving tests with two or more possible outcome categories, multiple or repeated tests, and multiple subpopulations are considered. An example of a data set is analyzed using weighted least squares and standard analysis of variance techniques that are widely available in categorical data computer packages.

B-8. Response Rate Calculation in Telephone Health Surveys--Current Practices

The past decade has seen the practice of conducting interview surveys by telephone gain widespread acceptance and use. The National Center for Health Statistics (NCHS) has pilot tested telephone survey methodology for a variety of health surveys with a variety of goals. This was accomplished by establishing an experimental telephone survey unit, and by contracting with private survey organizations to conduct telephone survey research and national survey pretests using the telephone.

The NCHS is now considering making routine use of the telephone methodology as components of its large nationwide health surveys. We first aggregated and summarized the observed practices for response rate calculation in the exploratory surveys within the context adopted by the Council of American Survey Research Organizations in a recent special report. The validity of the various practices is discussed.

B-9. Stratifying Primary Sampling Units With the Statistical Analysis System Cluster Procedure

A common survey design problem faced during the design of the Hispanic Health and Nutrition Examination Survey (HHANES) was the stratification of primary sampling units (PSU's) prior to sample selection. Although standard cluster analysis techniques, such as those in the Statistical Analysis System (SAS) routing PROC CLUSTER, address this type of problem, they have usually been implemented with custom written computer software as commonly available commercial packages do not offer sufficient control over strata characteristics. A critical constraint for HHANES was that the strata should be of equal population size. This cannot be achieved in a single run of the SAS procedure. However, by iteratively applying the procedure to a vector of ranks of five variables it was possible to assign equal importance to each of the stratification variables and to stratify (cluster) the HHANES PSU's into homogeneous groups of approximately equal size. The SAS routine was chosen not only for its widespread availability, but also because the distance measure and clustering criterion used are among those found to be most effective in survey design.

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B-10. Sample Design of the Hispanic Health and Nutrition Examination Survey (HHANES)

The HHANES is the first large-scale survey designed to assess the health and nutrition status of persons of Mexican, Puerto Rican, and Cuban descent living in the United States. Due to the nature and uniqueness of this study, numerous issues needed to be addressed in order to design an efficient and cost effective survey. The rationale and sample design features for surveying persons of Mexican descent in the Southwest, persons of Cuban descent in the Miami, Florida, area (Dade County), and persons of Puerto Rican descent in the New York City area will be discussed. Some of the topics that will be covered include: definition of sampling frames, measures of size, stratification of the primary sampling units (PSU's), controlled selection of the PSU's, within PSU selection procedures, and operational constraints of the survey.

B-11. Estimation Procedures Used in the First and Second National Health and Nutrition Examination Surveys (NHANES)

The NHANES I and II are complex multistage, stratified, probability cluster designs. The detailed estimation procedures used to arrive at survey estimates are discussed. Some of the topics that will be covered include: stratification of the primary sampling units, probabilities of selection at each stage, adjustments for nonresponse, and post-stratification.

B-12. The Randomized Response Technique for Collecting Data

The randomized response technique can be used to produce estimates of sensitive behavior. Discussed will be the technique in general, a specific application in the National Survey of Family Growth to produce estimates of women having abortions, problems experienced, and the results.

B-13. Standards and Procedures for Statistical Reports

The National Center for Health Statistics has a manual that establishes statistical protocols for its statistical reports. Of special concern are standards for the statistical statements that appear in the text of the reports. The protocols developed for classifying and testing statistical statements and some of the problems encountered in applying the protocols are discussed.

B-14. The Use of the Balanced Replication Technique to Estimate Variances from Complex Surveys

The Balanced Repeated Replication (BRR) for Variance Estimation is one of the most important advances in sample survey technology in recent years. This presentation will include the important steps in the development of this technique, current uses of the method both inside and outside National Center for Health Statistics, and comparison of the efficiency of the BRR estimation with that of other commonly used estimates.

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B-15. Example of Estimation Problems When Data From Different Sources Are Collected for Each Unit

The 1980 National Natality Survey (NNS) was based on a sample of birth certificates. Data for the NNS were obtained from the birth certificate itself, the mother if married, the hospital if the delivery occurred at a hospital, the physician if an attendant at birth, and other sources. Special imputation or postsurvey adjustment is necessary to compensate for missing data. Techniques are suggested to compensate for missing data; however, these cause problems in estimation. These problems are illustrated by examining the response to the NNS.

B-16. Effect of Weighting Adjustments on Estimates From a Random-Digit-Dialed Survey

During the last half of 1980, the National Center for Health Statistics conducted the National Telephone Health Interview Survey (NTHIS) to obtain information on health and smoking related characteristics for individuals 17 years of age and over in the United States. The survey was based on a random-digit-dialing approach. Several postsurvey adjustments were proposed for inclusion in the NTHIS estimator. The effects of these adjustments on the NTHIS estimates are examined. Some comparisons are made with similar data obtained by the National Health Interview Survey that uses a face-to-face data collection mode.

B-17. Comparison of Trends in Infant Mortality in the United States and Selected Developed Countries

Trends in the rates and patterns of change in the infant mortality by age for the United States and 14 other industrialized countries are discussed. Relative contributions to changes in the rates by the various age components (neonatal, postneonatal periods, and so forth) are also presented.

B-18. The Study of Infant Mortality Using Followback Survey Data and Data From Linked Records

Infant mortality is a key indicator of the health of population groups. Although the information available on the death certificate for use in analyzing infant mortality is limited, there are several mechanisms by which the information can be enriched. One is by a followback survey; another is by linkage of birth and death records. The advantages and limitations of each approach will be discussed. The difference between period and cohort rates will be discussed in the context of these different data bases. Several research projects will be presented to illustrate the use of these different data sets such as the analysis of maternal smoking and drinking behavior from the 1980 National Natality Survey, and analysis of infant mortality by mother's marital status and race and ethnicity using a linked data set from the State of Texas.

B-19. Estimates of Selected Comparability Ratios Based on Dual Coding of 1976 Death Certificates by the Eighth and Ninth Revisions of the International Classification of Diseases

One of the efforts to maintain the tradition of progress in the classification of diseases has been the practice, begun in 1900, to revise about every 10 years what is now the International Classification

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of Diseases (ICD). Each of these revisions has produced some break in the comparability of cause-of-death statistics. The Ninth Revision produced many changes, including shifts of inclusion terms and titles from one category, section, or chapter to another; regroupings of diseases; new titles and sections; and modifications in coding rules. As a result there are serious breaks in comparability for a number of causes of death. This presentation will summarize these changes for 282 causes of death.

B-20. Health Consequences of Migration--Internal and International

Conceptual and methodological issues in the study of internal and international migration and health status considering the last as both determinant and consequence, are presented. Major studies and availability of data for the study of this topic are linked.

B-21. Hospital Use by Children in the United States and Canada

The hospital discharge rate of children is lower in the United States than in Canada and many other developed countries. Possible explanations for the lower rates are discussed in a comparison of national U.S. and Canadian data on children's hospital use by age, sex, diagnosis, and surgical procedure. Health status indicators and measures of the supply, organization, and use of children's health services in the two countries are also compared.

B-22. National Health Interview and Examination Surveys

National probability surveys are unique mechanisms for measuring the health of nations. The discussion is centered on those countries that have undertaken large scale health surveys of the general population, particularly, the periodicity of the surveys, sample size, methodological considerations, questionnaire content, public availability of data, and comparability of information between surveys.

B-23. Data Bases for Analyzing Perinatal and Infant Mortality

Linked national-level statistical data bases from Norway and Sweden and their uses are described, as well as individual States from the United States.

B-24. Problems in International Comparison of Health Services Data

International data on the supply, organization, and use of health services are discussed, and common differences from the United States in definitions of basic measures, such as hospital discharge, specialist, and physician visit, are described. The importance of the differences and approaches to adjusting data to improve comparability is examined.

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C. Analysis and Epidemiology

C-1. National Health Expenditures and Costs of Illness

National health expenditures are large and rising rapidly. The magnitude of, trends in, and other essential features of national health expenditures are presented, with emphasis on the distribution among major disease categories. Data sources, methodologies, and uses of cost-of-illness estimates are discussed.

C-2. Response Problems and Imputation Procedures in the Interview and Examination Program of the National Center for Health Statistics

This presentation covers a systematic review of the unit and item nonresponse for the surveys of the Interview and Examination Program; an examination of the potential biases due to nonresponse; imputation procedures used and the resulting impact on the variance estimates produced for these surveys.

C-3. Long-Term Care--Issues in Defining Need

The elderly population is projected to double in size over the next 50 years. Because the elderly are at the greatest risk of requiring long-term care (LTC), growth of the group aged 65 years and over will have a tremendous impact on the use of LTC. In order to assess this impact, projections of need for LTC are essential. This presentation addresses the question: How can we define the need for LTC? Issues examined focus on the areas of:

- Indicators of population growth
- Measures of health status
- Indicators of the availability of family support
- Measures of health service use
- Key assumptions in developing the model

C-4. Major Findings From the National Hospital Discharge Survey

A brief description of the background and operation of the National Hospital Discharge Survey will be followed by a detailed description of the types of data that are collected and analyzed and how these data are currently being used in research and industry. Selected specific topics include trends in Cesarean sections, cataract surgery among the elderly, adolescent hospitalization, and the introduction of Diagnosis-Related Groups to the Survey.

C-5. Analytic and Epidemiologic Projects in the Division of Analysis

The Division of Analysis conducts a program of indepth statistical analysis of health status, health services, health economics, and demographic data. Presentations will review one or more of the following Division projects that illustrate the use of the National Center for Health Statistics data in addressing current health issues:

- Trends in Infant Mortality
- Factors Associated with Pregnancy Outcome
- Trends in the Surgical Treatment of Breast Cancer
- Trends in the Utilization of Intraocular Lens Implants
- Cost of Illness

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- Issues in Long Term Care
- Trends and Differentials in Medical Care Utilization
- Risk Factors Associated with Cardiovascular Disease
- The Health of the Elderly

C-6. National Health and Nutrition Examination Survey I--Epidemiologic Followup Study

The National Health and Nutrition Examination Survey I (NHANES) Epidemiologic Followup Survey is a followup of the first NHANES 1971-75. Subjects are the 14,407 examinees aged 25-74 years at the time of the original survey. The followup focuses on how factors previously measured in the earlier survey relate to health conditions that have developed since that time. The presentation reviews the design of the study, study methods and procedures, topics covered, and data analyses planned.

C-7. Provisional Mortality Estimates and Their Uses

Provisional mortality estimates by cause of death, age, race, and sex are published monthly (about 3 to 4 months after their occurrence) in the Monthly Vital Statistics Report (MVSR). Estimates for a calendar year (including provisional life tables) are published in the Annual Summary of the MVSR. These data published in the MVSR represent the most current national estimates of mortality available. The use of these data for epidemiological purposes, along with recent seasonal and annual trends for the leading causes of death, will be discussed. The presentation will include a brief description of the procedures used to collect and produce the provisional mortality estimates.

C-8. Expanded Uses of Life Tables

Specialized uses of life tables, such as those eliminating a given cause of death, and multiple decrement life tables will be discussed, demonstrated, and analyzed. The method of construction will be explained and examples will be given.

C-9. Major Findings of the 1980 National Natality Survey and the National Fetal Mortality Survey

The 1980 National Natality and Fetal Mortality Surveys conducted by the National Center for Health Statistics are probability samples of live birth and late fetal deaths in the United States; the mothers', physicians', and hospitals' names on those certificates were "followed back" through a nationwide mail survey. Major findings based on published reports on the following topics are reviewed: maternal and infant health, postpartum sterilization, the epidemiology of prematurity, Apgar scores, type of delivery, wanted and unwanted pregnancy, illegitimate and legitimated-by-marriage births, and so forth.

C-10. Twentieth Century Trends in United States Mortality

The decline in the death rate for all causes of death is associated with a decrease in the relative importance of deaths from infectious and parasitic diseases and an increase in the relative importance of deaths from chronic and degenerative diseases and violence. Changes in death rates have not been evenly distributed across subgroups of the

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population. Among all causes of death, the race differential continues to narrow and the sex differential widened through the early 1970's, with recent signs of stabilizing. Race and sex differentials are also examined for each cause of death. In addition, causes of death that were among the leading causes of death at the turn of the century and causes of death that became leading causes of death during the century are discussed.

C-11. Infertility in the United States, 1965-1982

Definitions of fecundity and infertility, and trends and differentials by age and race are discussed. Sources of data on risk factors related to infertility are described, and possible explanations for the trends and differentials are discussed.

C-12. The Statistical Study of Health Differentials of Minority Groups

Presentation includes an accounting of health data currently available on racial and ethnic minority groups in the United States and current developments in the National Center for Health Statistics to improve such data. Limitations and problems in using such data are noted. Some examples of research on minority health are given. Potential statistical research on minority health status that can be performed using existing data, together with some of the most pressing needs, are discussed.

C-13. Health Practices of United States Adults, a National Center for Health Statistics Perspective

This presentation will describe various data bases of the Center that include items related to health behaviors and health promotion, for example, National Survey of Personal Health Practices and Consequences and the National Health Interview Survey. A discussion of selected findings and analytic potential of the data bases will also be given.

C-14. Prevalence and Characteristics of Persons With Known Diabetes

This presentation will describe the diabetic population and discuss the epidemiological significance of the data from the Center's data bases, including interview data, examination data, and utilization record data.

C-15. Tracking the National Health Promotion Objectives

This presentation will describe the available data bases for tracking the objectives in Promoting Health/Preventing Disease: Objectives for the Nation, including a discussion of the problems related to the collection and interpretation of the data.

C-16. Interpreting Trends in Health Status

The National Health Interview Survey has been collecting health status measurements for the last 25 years. This presentation will discuss conceptual and methodological issues to be considered when using this data base to address trends in health status. Selected examples of other National Center for Health Statistics (NCHS) and non-NCHS data bases will also be discussed.

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C-17. Projected Demographic Changes and Health Service Requirements of the Elderly

The number of elderly in the United States is expected to grow very rapidly during the next several decades. The demographic basis of this growth will be discussed. There is currently considerable controversy regarding the future course of health status among the elderly. Data bearing on this issue will be discussed, and implications with respect to the potential demand for health services will be considered.

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D. Data Processing

D-1. Mortality Medical Indexing, Classification, and Retrieval System (MICAR)

MICAR is an automated medical coding system designed to accept medical terms as input principally in natural language text via a key-entry operator. It also has the capability of assigning the conventional International Classification of Diseases (ICD) codes to these medical terms plus storing and retaining for retrieval both the natural language text and the ICD codes.

D-2. Computers and the Health Professions

This lecture is an introduction to data processing for administrators and health specialists who need a basic understanding in automation. The topics covered in the lecture are: introduction to data processing, hardware, software, programming languages, system analysis and design, large computers, minicomputers, microcomputers, terminals, and computer security.

D-3. Quality Circles (QC)

The Quality Circle concept has been applied to the data entry and data processing work environment of the Division of Data Processing, National Center for Health Statistics. This presentation will summarize the techniques and adaptations found to be useful in this setting. Evidence gained through the experience, accumulated since September 1982, may help the audience reach an informal decision as to whether or not they will implement Quality Circles as a means of improving productivity and the quality of work life in their current or future organization.

D-4. Introduction of Microcomputers in a Statistical Organization

A good approach to introducing microcomputers in a statistical agency is through the use of a microcomputer laboratory. The National Center for Health Statistics Laboratory allows staff the opportunity to have effective, nonthreatening, hands-on instruction on the capabilities, functions, and limitations of microcomputer software and hardware. Besides training, the laboratory serves as a focal point for the evaluation of new microcomputer hardware and software, as well as the development of more complex microcomputer application systems.

D-5. Why Use A Data Base Management System In A Statistical Organization?

The activities of a statistical organization, such as the National Center for Health Statistics, are very dependent on the flow, manipulation, and accessibility of data. Information is the life blood of such an organization. Constraints on this information due to the inaccessibility or processing expense in terms of human and machine resources can be reduced through the use of the highest evolutionary form of software package generally available; the DBMS or data base management system. The attributes of such a system allow easy use of complex searching, retrieval, and configuration mechanisms. New possibilities arise, but new problems are encountered, such as when is the use of such a package appropriate, where will a shift in resources be necessary to accommodate its use, and what efforts are central to its success.

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D-6. Survey Statistics Automation

The National Center for Health Statistics is developing a completely automated system from source data collection to final report dissemination. Data collection, editing, processing, analysis, report preparation, publishing, and dissemination will be accomplished through a system of portable and fixed microcomputers networked with a large mainframe computer. The system will also allow survey instrument design and processing by microcomputer.

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E. Other

E-1. A Career in Statistics with the National Center for Health Statistics

This presentation describes the types of statistical problems that a mathematical statistician at the National Center for Health Statistics is often asked to solve. Most of the problems deal with the subject areas of sampling and survey design. Work to be described includes methodological topics that vary from speaker to speaker, and may relate to surveys of institutionalized or noninstitutionalized individuals, minority populations, or health care establishments. Examples of topics that may be covered include "Optimum Recall Periods," "Use of the Yellow Pages to Supplement Sampling Frames," "Correcting for Undercoverage Bias in a Random Digit Dialed Survey," and "Designing a Hispanic Health and Nutrition Survey." The discussion is intended primarily for students in statistics who are contemplating different career choices, including that of survey designer.

E-2. Minorities in Statistics

Minorities, particularly black people, Hispanics, and American Indians, are under represented in the field of statistics. Special efforts are being made at the National Center for Health Statistics and other Federal agencies to inform minorities of the advantages and excellent opportunities relating to statistical careers. This presentation discusses topics of particular interest to minorities, including the study and analysis of racial and ethnic statistics in such areas as manpower, income, and health characteristics.

E-3. Characteristics of Office-Based Ambulatory Care

This presentation describes the provision and utilization of ambulatory care in physicians' offices throughout the country, including characteristics of the patients, the providing physicians, and the clinical content of the office visit.

The discussion will highlight the utilization of drugs by office-based physicians, evaluating patterns of drug use as they varied with different patients, physician specialties, symptoms or diagnoses, and other variables of office-based ambulatory care.

E-4. Implications of Physician Practice Data for Medical Education

Specialty practice profiles developed from National Ambulatory Medical Care Survey data are compared. Discussion includes the most frequent complaints presented by the patients, clinical diagnoses, characteristics of physicians and their case-mix, medication therapy, and other parameters of physician office practice. The data provide a basis for analysis of undergraduate curricula vis-a-vis actual practice, as well as information for decisions regarding graduate medical education.

E-5. The Sources of Federal Health Statistics

This presentation describes the growth of Federal statistics, general description of data sources, including strengths and weaknesses, and specific health data systems and topics.

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E-6. Confidentiality as Regards Federal Statistical Programs

This presentation discusses the confidentiality policy of the major Federal statistical agencies. It also includes brief descriptions of applicable laws and regulations, basic issues and problems, and current status of proposed actions, with special emphasis on the Privacy Act of 1974 and findings of the Privacy Protection Study Commission.

E-7. The National Center for Health Statistics--Opportunities in Research

This presentation will be primarily to minority universities or other universities with minority programs. It will include a general overview of National Center for Health Statistics (NCHS) programs and describe minority institutions uses of NCHS data. Opportunities for research using NCHS data, in particular those relating to minorities, will be discussed.

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